

MODULE III

HANDOUTS

Module III:
Making Help Accessible to
Students and Families

Handouts

III-14



**MENTAL
HEALTH**

it's part of our classrooms

Action Plan

Stage I

Know your building and district policies, procedures, and resources. This sounds obvious, but schools do not have the time to advertise every support service available.

Every district has procedures in place to work with students and staff. For example:

- Pre-referral teams, student support teams, or other working groups may be in place.
- School psychologists, social workers, nurses, special educators, and counselors may be available within the building or at the district level.

The key for staff is to learn how to access these professionals and other school resources.

Stage II

Voice your concern/ask for help. This part is scariest. Tips for teachers and other staff:

- Set aside private one-to-one time with the student, and let the student know right at the beginning of the time together that this conference is about your observations of his or her need for assistance.
- You may want to reassure the student that this conference is not a punishment or act of discipline.
- Also make known to the student that in order to help, you may have to share your concern with others, but will not share details of the conversation unless there is an immediate threat to the student's well-being.
- Discuss with the youth what action you will take together to obtain assistance.
- If you have doubts about having a one-to-one conference with the youth, seek support from internal resources or caregivers first.

Stage III

Follow up. It is important to stress that helping students isn't about shifting the problem to someone else. Following up reassures youth that you are someone who DOES care. Tips for teachers and other staff:

- Work with the youth and others involved to intervene at the level of the classroom. Make modifications where necessary to promote successful learning.
- Refrain from public statements that will violate the youth's privacy and confidentiality.
- Obtain support from internal resources to ensure that classroom modifications are appropriate and monitor whether adaptations are working for the youth.
- Check with internal resources to ensure that help is being accessed.

The action plan should be tailored to the needs of the student and his or her family and should include all the resources inside and outside the school that can meet his or her needs. Not all students will show an immediate beneficial response to intervention. Continue to provide support for the student within the classroom and provide feedback to the student at every hint of progress.

Worksheet: Toward Capacity Building

Resource	What needs does this resource meet for students? Families? Staff?	When should an educator access this resource?	How should an educator access this resource?

Potential Partners

- School social workers
- School psychologists
- School wellness coordinators
- School nurses
- School counselors
- School-based mental health clinic
- School-based health clinic

- Families
- Parent advocates
- Family liaisons
- Outreach workers
- Peer mentors

- Principal
- Vice principals
- Instructional leaders
- School board
- Superintendent

- Committee on special education
- Intervention team or committee
- Special educators
- Physical, speech, occupational therapists

- Attendance office
- Truant officers
- Transportation department

- System of care partners
- Case managers
- Family/private psychologist
- Mental health providers outside school

The resource list included with this training package also includes Federal and federally funded resources that may serve as partners.

Juanita's Story

PART I

Juanita ran into several difficulties in the latter part of elementary school and her grades deteriorated when she transitioned into middle school. Her family was unsure about the ups and downs that Juanita showed. She had always been bouncy, energetic, and creative, but she seemed at times unusually animated. Just before starting high school Juanita's behavior was a tremendous concern for the family. She would stay up all night, rarely eat, and seem to possess a ton of energy. Other times she slept all day, hardly spoke to anyone, and locked herself in her room. At first the family thought she might be using drugs. This created a lot of tension and conflict in the family. Many arguments took place at home about Juanita's talkativeness, her insomnia, and the way she seemed to snap at people in a grumpy and even hostile tone. The family grew even more concerned for Juanita after she ran away for three days. She said she wanted to live the life of an artist and that rules didn't apply to her life.

Juanita's family sought help by going to their church. Their minister referred them to a counseling center. The family and Juanita discovered that much of Juanita's behavior was not typical for a teenager. Her behavior really showed symptoms of a bipolar mood disorder. Juanita improved with medication. She participated in family counseling and attended a group with other teenagers who experienced emotional disturbances.

Although Juanita showed improvement, her work at school was uneven. She skipped some classes and received excellent grades in other classes. Math was her least favorite class. Her teacher, Mrs. Farrell, noticed that Juanita would show up to class without assignments, often tardy, and disorganized. Mrs. Farrell also

noticed that Juanita possessed certain flair: she painted her notebooks, wore handmade jewelry, and seemed to invent her own style. Mrs. Farrell decided to discuss what she observed with Juanita.

Mrs. Farrell approached Juanita at her desk while the other students were taking a pop quiz. The teacher guessed that Juanita was unprepared for the quiz because she had missed the last two days of class and didn't have the assignments. She whispered to Juanita and asked her to quietly step out into the hall for a moment. In the hallway, Mrs. Farrell told Juanita that she noticed Juanita seemed to be artistic and wondered if Juanita may not enjoy math. Juanita boldly told her she hated it. Mrs. Farrell asked if Juanita could meet with her after school to find ways to make the class work for her. Mrs. Farrell was unsure how to discuss the topic with Juanita but she was willing to spend the time with her.

When Juanita met Mrs. Farrell after school she immediately asked the teacher how Mrs. Farrell was going to "make her" like math. Mrs. Farrell told Juanita that it seemed that they couldn't resolve Juanita's dislike for math in one day. However, they might be able to find ways to see how math may not be so different from other things Juanita does like. And even if they couldn't agree on that, they could agree that it was within Juanita's power to come to class and ask for help with the work if she was confused.

Juanita agreed with Mrs. Farrell about asking for help. She told Mrs. Farrell that she knew about what it meant to ask for help because of having emotional problems and more specifically, bipolar disorder. She described the last few years to Mrs. Farrell and told her about living with side effects from medication.



Juanita's Story

PART II

Mrs. Farrell was not prepared for what she heard, but knew that Juanita was sharing something very real, very personal, and very important for her success as student. Mrs. Farrell asked Juanita if she ever felt that bipolar disorder got in the way of schoolwork. Juanita confessed that sometimes she felt very tired or worn out. She also said that she sometimes felt really hyper, but didn't mind that as much. Some classes make her feel more relaxed, like art class. Math wasn't one of those classes.

Mrs. Farrell told Juanita she felt that they could make progress by making a plan to help Juanita with math. She and Juanita agreed to pay attention to when Juanita felt jumpy and confused in class. They also agreed that Juanita could ask for help with the class.

Juanita showed up to class on time the next day. After class she asked Mrs. Farrell if they could meet to talk about her assignments. Mrs. Farrell agreed to meet with Juanita. They developed a small plan for Juanita to follow. The plan included a built-in way for Juanita to reward herself for handing in assignments. The plan also included a way for Juanita to work on math without distractions from television, the telephone, and things Juanita said took her away from her work.

Juanita seemed genuinely ready to take a new approach to class. Mrs. Farrell, however, noticed that Juanita seemed very talkative in class over the next few weeks. When she saw Juanita in the hallway, she seemed rowdy and loud. She asked

Juanita to meet with her. When they met, Mrs. Farrell told Juanita that she would like to talk with her parents, too. She told Juanita that the plan had seemed to help at first but now something else seemed to be getting in the way. Juanita told Mrs. Farrell not to call her parents. She said they were fighting a lot lately. Mrs. Farrell said she couldn't do that because she was much too concerned about Juanita.

Mrs. Farrell held a conference with Juanita and her parents. Juanita's parents were upset with Juanita, and they were concerned about whether she was taking her medication. Mrs. Farrell asked Juanita's parents to consult with their daughter's doctor.

Juanita was absent for one week after the conference. Mrs. Farrell was very concerned. When Juanita returned, she went to Mrs. Farrell and told her that she had been hospitalized, and that they were trying new medicine for her. She said she felt unstable and scared. Mrs. Farrell told Juanita that the adults in her life would be there to support her. Mrs. Farrell realized that Juanita would need reassurance to build her confidence back. During the weeks that followed, Juanita seemed to do her best with getting back on track in class.

At the end of the term she received a 70 percent on her report card. The grade was a huge improvement from the 50 percent she received the previous quarter.